

PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Pursuant to the authority of Iowa Code section 147A.4, the Department of Public Health hereby amends Chapter 132, "Emergency Medical Service—Service Program Authorization," Iowa Administrative Code.

The rules in Chapter 132 describe the standards for the authorization of EMS services. These amendments incorporate the Scope of Practice approved by the EMS Advisory Council in July 2011, allow critical care paramedics to operate in the prehospital environment, add definitions for the new provider levels and allow service authorization at the new levels.

Notice of Intended Action was published in the February 8, 2012, Iowa Administrative Bulletin as **ARC 0001C**. One comment was received on Item 7 recommending that nurse practitioners be added to the list. The change was not incorporated since nurse practitioners are currently included in the list as registered nurses. The adopted amendments are identical to those published under Notice.

The State Board of Health adopted these amendments on March 14, 2012.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments will become effective on May 9, 2012.

These amendments are intended to implement Iowa Code chapter 147A.

The following amendments are adopted.

ITEM 1. Amend rule **641—132.1(147A)**, definitions of "Critical care paramedic (CCP)," "Critical care transport (CCT)," "Emergency medical care provider," "Endorsement" and "Paramedic (EMT-P)," as follows:

"Critical care paramedic (~~CCP~~)" or "CCP" means a currently certified paramedic specialist or paramedic who has successfully completed a critical care course of instruction approved by the department and has received endorsement from the department as a critical care paramedic.

"Critical care transport (~~CCT~~)" or "CCT" means specialty care patient transportation, when medically necessary, for a critically ill or injured patient needing critical care paramedic (~~CCP~~) skills, ~~between medical care facilities, and~~ provided by an authorized ambulance service that is approved by the department to provide critical care transportation and staffed by one or more critical care paramedics or other health care professional in an appropriate specialty area.

"Emergency medical care provider" means an individual who has been trained to provide emergency and nonemergency medical care at the ~~first responder, EMT-basic, EMT-intermediate, EMT-paramedic, paramedic specialist~~ EMR, EMT, AEMT, paramedic or other certification levels recognized by the department before ~~1984~~ 2011 and who has been issued a certificate by the department.

"Endorsement" means ~~providing approval in an area related to emergency medical care including, but not limited to, CCP and emergency medical services~~ an approval granted by the department authorizing an individual to serve as an EMS-I, EMS-E or CCP.

"Paramedic (~~EMT-P~~)" means an ~~emergency medical technician-paramedic~~ individual who has successfully completed a course of study based on the United States Department of Transportation's Paramedic Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the paramedic, and is currently certified by the department as a paramedic.

ITEM 2. Adopt the following **new** definitions in rule **641—132.1(147A)**:

"Advanced emergency medical technician" or "AEMT" means an individual who has successfully completed a course of study based on the United States Department of Transportation's Advanced Emergency Medical Technician Instructional Guidelines (January 2009), has passed the National Registry of Emergency Medical Technicians (NREMT) practical and cognitive examinations for the AEMT, and is currently certified by the department as an AEMT.

"Emergency medical responder" or "EMR" means an individual who has successfully completed a course of study based on the United States Department of Transportation's Emergency Medical

Responder Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMR, and is currently certified by the department as an EMR.

“*Emergency medical technician*” or “*EMT*” means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Technician Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMT, and is currently certified by the department as an EMT.

“*Emergency medical technician-paramedic*” or “*EMT-P*” means an individual who has successfully completed the United States Department of Transportation’s EMT-Intermediate (1999) or the 1985 or earlier DOT EMT-P curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-P.

ITEM 3. Amend paragraph **132.2(4)“b”** as follows:

b. Scope of Practice for Iowa EMS Providers (~~April 2009~~ July 2011) is incorporated and adopted by reference for EMS providers. For any differences that may occur between the adopted references and these administrative rules, the administrative rules shall prevail.

ITEM 4. Amend paragraph **132.8(1)“a”** as follows:

a. Apply for authorization at one of the following levels:

(1) EMT-B/EMT.

(2) EMT-I.

(3) AEMT.

~~(3)~~ (4) EMT-P.

~~(4)~~ (5) PS/Paramedic.

ITEM 5. Amend subparagraph **132.8(1)“c”(1)** as follows:

(1) One currently certified EMT-B or EMT.

ITEM 6. Amend paragraph **132.8(2)“a”** as follows:

a. Apply for authorization at one of the following levels:

~~(1) Rescinded IAB 2/9/11, effective 3/16/11.~~

~~(2)~~ (1) First responder/EMR.

~~(3)~~ (2) EMT-B/EMT.

~~(4)~~ (3) EMT-I.

(4) AEMT.

(5) EMT-P.

(6) PS/Paramedic.

ITEM 7. Amend paragraph **132.9(6)“d”** as follows:

d. Only supervising physicians or physician designees shall provide on-line medical direction. ~~However, a~~ A physician assistant, registered nurse or EMT emergency medical care provider (of equal or higher level) may relay orders to emergency medical care personnel, without modification, from a supervising physician. A physician designee may not deviate from approved protocols.

ITEM 8. Amend rule 641—132.15(147A), catchwords, as follows:

641—132.15(147A) Transport options for fully authorized EMT-P, PS, and paramedic service programs.

ITEM 9. Amend subrule 132.15(1), introductory paragraph, as follows:

132.15(1) Upon responding to an emergency call, ambulance or nontransport EMT-P, PS, and paramedic level services may make a determination at the scene as to whether emergency medical transportation or nonemergency transportation is needed. The determination shall be made by ~~a~~ an EMT-P, paramedic or paramedic specialist and shall be based upon the nonemergency transportation

protocol approved by the service program's medical director. When applying this protocol, the following criteria, as a minimum, shall be used to determine the appropriate transport option:

[Filed 3/14/12, effective 5/9/12]

[Published 4/4/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/4/12.